

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 13-01 |
| FORMALITY REVIEW | T A | J.C844 | 16/23/01 |
| RESPONSE FORMALITY REVIEW | B/E | 807 | 52-15-02 |

Best Available Copy

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Final Original | 1st Amend | 2nd Amend | 3rd Amend | Date |
|-------|-------------------|--------------|--------------|--------------|------|
| 1 | X | | | | |
| 2 | X | | | | |
| 3 | X | ✓ | ✓ | | |
| 4 | X | ✓ | ✓ | | |
| 5 | X | ✓ | | | |
| 6 | X | ✓ | | | |
| 7 | X | ✓ | | | |
| 8 | X | ✓ | | | |
| 9 | X | ✓ | ✓ | | |
| 10 | X | ✓ | | | |
| 11 | X | ✓ | | | |
| 12 | X | ✓ | | | |
| 13 | X | ✓ | | | |
| 14 | X | ✓ | ✓ | | |
| 15 | X | ✓ | | | |
| 16 | X | ✓ | | | |
| 17 | X | ✓ | | | |
| 18 | X | ✓ | | | |
| 19 | X | ✓ | | | |
| 20 | X | ✓ | | | |
| 21 | X | ✓ | | | |
| 22 | X | ✓ | | | |
| 23 | X | ✓ | ✓ | | |
| 24 | X | ✓ | ✓ | | |
| 25 | X | | | | |
| 26 | X | | | | |
| 27 | X | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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1/30
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